

## August 29, 2007 Montana Medicaid Notice Durable Medical Equipment Providers

## **Criteria for Wheel Chair Seating in the Nursing Home**

Effective January 1, 2007

Indications and Limitations for a wheelchair seating system for an existing wheelchair such as a facility wheelchair, patient owned wheelchair or a donated wheelchair. The seating system would be the least costly alternative that is able to be adapted to meet the positioning needs of a resident in a Nursing Home and will be covered under the following conditions:

There must be a comprehensive written evaluation by a licensed clinician who is not an employee of or otherwise paid by a supplier.

Included in the evaluation referenced above would be the following:

- Seating Systems for increased independence
  - Documentation must support all of the following:
    - The client must be able to self propel to specific destinations, such as to and from the dining room, to and from the activity room, etc.
    - Be able to do a functionally independent task as a result of the seating system such as feed self.
    - The client must be evaluated to determine that he/she is able to safely self propel and does not have the potential cause harm.
    - Be alert and oriented and capable of being completely independent in use of the wheelchair after adapted seating system is placed.

OR

- Seating Systems for positioning purposes
  - Seating for positioning purposes will be reviewed on a case by case basis.
  - Documentation must support that all other less costly alternatives have been ruled out, to include but not be limited to the following:
    - Use of geri chairs provided by nursing home and use of standard off-the-shelf seating products have been tried and ruled out; and
    - Use of rolled towels, blankets, pillows, wedges or similar devices by facility caregivers to reasonably position and reposition client and

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- Documentation that has determined that nursing staff is unable to accomplish repositioning by any other means while resident is up and out of bed and;
- Resident is not incapacitated to the point that he/she is bedridden.

## **Contact Information**

For Medicare criteria visit the CMS website: http://www.noridianmedicare.com

For claims questions or additional information, contact Fran O'Hara, DME Program Officer, at (406) 444-5296 or Provider Relations:

Provider Relations toll-free in- and out-of-state: 1-800-624-3958 Helena: (406) 442-1837

Visit the Provider Information website:

http://www.mtmedicaid.org